

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	NSD		1/31/01
<b>FORMALITY REVIEW</b>	Rm	781	02-13-01
<b>RESPONSE FORMALITY REVIEW</b>	XJ	825	7/24/01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date	
Final	Original	Amend.
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
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Claim	Date				
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Claim	Date	
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If more than 150 claims or 10 actions  
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## Best Available Copy